Under the Paperwork Reduction Act of 1995, no persons are required		Trademark Office; U.S	PTO/SB/22 (12-08) rough 01/31/2009. OMB 0651-0031 S. DEPARTMENT OF COMMERCE displays a valid OMB control number.
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	
FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		27611/38545A	
Application Number 10/659,579-Conf. #4671		Filed 5	September 10, 2003
For METHOD AND COMPOSITION FOR TREATING ALZHEIMER'S DISEASE AND DEMENTIAS OF VASCULAR ORIGIN			
Art Unit 1617		Examiner	A. M. Cotton
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check tir	me period desired a	and enter the appro	opriate fee below):
One month (27 CER 4 47(a)(4))	<u>Fee</u>	Small Entity F	
One month (37 CFR 1.17(a)(1))	\$130	\$65	\$
Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$
x Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$555.00
Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$
Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$
X Applicant claims small entity status. See 37 CFR 1.27.			
A check in the amount of the fee is enclosed.			
x Payment by credit card.			
The Director has already been authorized to charge fees in this application to a Deposit Account.			
X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-2855 .			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
attorney or agent of record. Regi	stration Number	32,361	
attorney or agent under 37 CFR 1.34.			
Registration number if acting und	er 37 CFR 1.34		
Signature		February 19, 2009	
James J. Napoli		Date (312) 474-6300	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
Total of forms are submit	ted.		